

**ATTACHMENT A**  
**CITY OF HARTFORD, OFFICE OF GRANTS MANAGEMENT**  
**PARTICIPANT INCOME & RESIDENCY VERIFICATION SUMMARY FORM**

**PROGRAM NAME:** \_\_\_\_\_

**AGENCY NAME:** \_\_\_\_\_

The program identified above is being funded in whole or in part with federal Community Development Block Grant (CDBG) program funds received from the City of Hartford. The information requested on this form is necessary to comply with requirements of the CDBG program. Participants, or the parents or legal guardians of participants, must verify income eligibility and Hartford residency.

To meet Income Verification and Hartford residency documentation requirements, the following will be needed from the participant's household: the names, and addresses of all family members in the household and the household's income from all sources. Acceptable documentation to verify household income includes copies of pay stubs, tax returns or governmental assistance forms. Acceptable documentation to verify Hartford residency includes copies of utility bills, four (4) consecutive pay stubs with names, personal bank checks with pre-printed address, rent receipts or driver's licenses.

**Failure to provide documentation will make the participant ineligible to receive CDBG assistance.**

**THIS FORM MUST BE FILLED OUT COMPLETELY AND MUST BE SIGNED BY THE PARTICIPANT OR PARENT, AS APPLICABLE.**

**PARTICIPANT'S NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

1. The number of persons currently living in my household is: \_\_\_\_\_ Head of Household: \_\_\_\_\_
2. The names, ages and yearly income of the persons living in my household are (including the participant):

	FULL NAME (Include participant name above)	ETHNICITY	AGE	EMPLOYED Y or N	SOURCE OF INCOME	GROSS YEARLY INCOME
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____	_____

The TOTAL INCOME for all members of my household, from all sources including governmental assistance, is: please check one range only).

- ☐ Less than \$40,251
- ☐ More than \$40,250 but less than \$46,000.
- ☐ More than \$46,001 but less than \$51,750.
- ☐ More than \$51,751 but less than \$57,500.
- ☐ More than \$57,501 but less than \$62,100
- ☐ More than \$62,001 but less than \$66,700.
- ☐ More than \$66,701 but less than \$71,300.
- ☐ More than \$71,301 but less than \$75,900.
- ☐ More than \$75,901.

Check all items and documents submitted to verify household income and Hartford residency.

- | INCOME  | RESIDENCY  |
|---|--|
| <input type="checkbox"/> Copies of 4 consecutive (most recent) pay stubs  | <input type="checkbox"/> Utility bill                            |
| <input type="checkbox"/> Signed tax return (most recent year)   | <input type="checkbox"/> Personal check with pre-printed address |
| <input type="checkbox"/> Governmental Assistance Form   | <input type="checkbox"/> Rent receipt                            |
|   | <input type="checkbox"/> CT Driver's license or CT ID Card       |
| <input type="checkbox"/> <b>INCOME VERIFICATION DOCUMENTATION IS NOT REQUIRED IF THIS BOX IS CHECKED AND SIGNED BY THE OFFICE OF GRANTS MANAGEMENT.</b> |  |

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I certify that the above information and documentation attached is accurate and complete.

\_\_\_\_\_  
Participant's/Parent's Signature

\_\_\_\_\_  
Date

I hereby certify that the above information is complete and has been verified against documents attached and maintained in the program files.

\_\_\_\_\_  
Agency's Program Manager

\_\_\_\_\_  
Date